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CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Bloo	ck 1 for any change of address)		Fee(s	A certificate of a Transmittal. This Each additional	mailing s certific l paper,	can only be used for cate cannot be used I such as an assignment ing or transmission.	r domes or any o nt or for	tic mailings of the ther accompanying mal drawing, mus	
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PHARMACIA & UPJOHN 7000 Portage Road KZO-300-104					hereby certify that this Fock) Transmission hereby certify that this Fock) Transmittal to being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being liastimite transmitted to the USPTO (51) 273-2885, on the date indicated below.					
KALAMAZOO, MI 49001					(Depoxitor's name)					
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APPLICATION NO.	PLICATION NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/815,589	10/815,589 04/01/2004				1510 PEZT8ZO 0146.USI				1151	
TITLE OF INVENTION: ANTIMICROBIAL [3.1.0] BICYCLOHEXYLPHENYL-OXAZOLIDINONE DERIVATIVES AND ANALOGUES										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	e fee	EE TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700		08/30/2007	
EXAMINER		ART UNIT	CLASS-SUBCLAS							
SAEED, KAMAL A		1626	514-376000							
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Change of correspon Address form PTO/SB/1										
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.										
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGN	(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Pfizer	New York, NY									
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual XII Corporation or other private group entity 🔲 Government										
4u. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)									ibove)	
Issue Fee	A check is enclosed.									
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5. Change in Entity Status	s (from status indicated	i above)								
a. Applicant claims S	SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is n	o lon	ger claiming SMA	LL ENT	TTY status. See 37 C	FR 1.27	(g)(2).	
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Authorized Signature _	( fall	T			Date Au	gus	t <b>29,</b> 200	7		
Typed or printed name					55,671					
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandra, Vir Alexandria, Virginia 22313	ion is required by 37 C slity is governed by 35 application form to the ns for reducing this but ginia 22313-1450. DO 5-1450.	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var den, should be sent to to NOT SEND FEES OR	ion is required to obtai 1.14. This collection y depending upon the he Chief Information ( COMPLETED FORM	n or r is est indiv Office AS TO	retain a benefit by timated to take 12 ridual case. Any co er, U.S. Patent and D THIS ADDRESS	the publ minutes omment Tradem S. SENI	ic which is to file (ar to complete, includi s on the amount of t nark Office, U.S. De D TO: Commissioner	nd by the ng gathe ime you partment for Pate	USPTO to process ring, preparing, an require to complet of Commerce, P.C nts, P.O. Box 1450	

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